involves a very deep identification with the injured person, one which rests upon the earliest phase of love, the sucking phase. As we saw, the moments of full satisfaction in the oral sucking period must carry with them a profound identification with the " good" mother, antedating the introjection of the " bad " mother in the oral sadistic phase which succeeds. And when the mother is " good", the child feels " good " and can be good. When she becomes " bad " as an outcome of his own " bad " impulses, then he cannot become " good " again either. This feeling that his own " goodness " and " badness " are inescapably bound up with those of his mother, and hers with his, is very pro-found in the depths of the little child's mind. To make her "better "by real or magical means is to make himself "better" ; and conversely, to save himself, or make himself " good " again, is to do the same for her at one and the same time.

It will be apparent that this deep identification, and the tendencies to restitution which are its outcome, must be intimately bound up with later social development and the possibility of sympathising with or acting for the benefit of other people in the real world.

The consideration of these tendencies to restitution emphasises what is one of the central sources of difficulties and inner tragedies in early childhood, namely that at the period of development when the child's phantasies are most vivid and his anxieties at their most acute, he is so little able to make good in reality. Destruction is so much easier than construction in the early years. It is so much easier to scream and bite and kick, to wet and dirty, than it is to make things clean and good, to exercise patient control, to give loving service in real behaviour. This is of

course because the child's development in phantasy and intense personal feelings inevitably goes so swiftly ahead of his development in real skill and knowledge. The little girl, for example, may wish to help her mother, may have a genuine desire to restore, but her real power to do so is very limited. In most cases the "giving back" of bodily substances (urine and faeces) in the way that pleases the mother, or the saying " I'm sorry" and trying to please, is enough to bring internal ease to the child. But if special circumstances or special inner stress increases the need to give back, the tendency may become compulsive and insatiable.